

### DONATION REQUEST/RECEIPT

**Date:** 2/8/2022

**From:** Name: Kathleen Castro

Address: [REDACTED]

Phone: [REDACTED]

<p><b>Donation:</b>  <input type="checkbox"/> Cash   <input checked="" type="checkbox"/> Check   <input type="checkbox"/> Gift Card   <input type="checkbox"/> Goods/Service</p>	<p><b>Fair Market Value*</b></p>
<p><b>Item:</b>                  Donation to Pet Aid. This donatin is made on behalf of Kathleen Castro's dear mother, Marina Castro who loved animals, especially dogs and pigeons.</p> <p><b>Restrictions on Use (optional):</b>                  _____                  _____</p>	<p>AS STATED BY DONOR</p> <p><b>\$</b> <u>10,000.</u></p>

\*Fair Market Values are **not** provided by Health and Human Services Agency. Donations over \$5,000 require 6-8 weeks for Board of Supervisor Approval.

*Kathleen Castro*  
Kathleen Castro (Feb 8, 2022 17:35 PST)

**Kathleen Castro**

02/08/2022

Signature of Donor

Date

**Constance Mote for Animal Services**

HHSA Employee and Program

02/09/2022

Date

*Henry Brzezinski*

Henry Brzezinski (Feb 9, 2022 16:26 PST)

02/09/2022

HHSA Program Manager Approval

Date

Approved       Rejected

Restricted or value between \$1,500 - \$5,000:

02/09/2022

[REDACTED]  
 Director Approval

Date

Value over \$5,000:

Board Approval Item Number

Date

Tax ID #94-6000511